

Work Order ID 107946***107946***

Page 1

October-07-13 9:02:55 AM

Item ID: D4034-043

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Fwd Upper Rib Assembly

Stop

NS2

Start Date: 10/07/13 Start Qty: 6.00

A
6 3X

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan: MLJDate: 13-10-09 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4034	C								
100	Weld per dwg A/R S.S. rod Batch: <u>B173823</u> 0.00								
100 Large Fab	Memo	0.00							
Large Fab	1- Assemble ribs to hoop and weld as per dwg DT9564								
	2- Weld bushing in rib as per dwg								
110	QC9- Inspect visual per QSI004- Fusion Welds	0.00							
110 QC	Memo	0.00							
Quality Control									
120	QC5- Inspect part completeness to step on W/O	0.00							
120 QC	Memo	0.00							
Quality Control									

(3x) CC 13-11-12

3x DAS 43 13-11-12

3x DAS 43 13-11-12

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/>	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <input type="checkbox"/> Other

Work Order ID 107946***107946***

Page 2

October-07-13 9:02:55 AM

Item ID: D4034-043**Accept*****N900040100*****Setup****Start*****NS1*****Revision ID:****Item Name:** Fwd Upper Rib Assembly**Stop*****NS2*****Start Date:** 10/07/13 **Start Qty:** 6.00***6*****Cust Item ID:****Required Date:** 10/07/13 **Req'd Qty:** 6.00***6*****Customer:****Reference:****Approvals:****Process Plan:****Date:****Tooling:****Date:****Run****Start*****NR1*****QC:****Date:****SPC (Y/N):****Date:****Stop*****NR2*****Sequence ID/
Work Center ID****Operation
Description****Set Up/
Run Hours****Tool ID****Tool #****Plan
Code****Accept
Qty****Reject
Qty****Reject
Number****Insp.
Stamp**

130

130

Packaging

Packaging

Identify as per dwg & Stock Location: *WIA**004*

0.00

(3x)

CC ~~RE~~ 13-11-12

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

13/11/13 *MF*

Memo

0.00

MF
13-11-12

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

Picklist Print

October-07-13 9:02:54 AM

Page 1

Work Order ID:	107946	Start Date:	10/07/13	Required Date:	10/07/13
Parent Item:	D4034-043	Start Qty:	6.00	Required Qty:	6.00
Parent Item Name:	Fwd Upper Rib Assembly				
Comments:	IPP RevA: new issue DD 09.11.23 verified by:EC IPP Rev:B as per dwg revA 10.03.15 verified by:EC IPP Rev:C 11.01.19 AS PER DWG REV.B DD VERF:EC IPP Rev:D 13.03.14 AS PER DWG REV.pc1 DD VERF:JLM IPP REV:E 13.06.21 DWG REV.C DD VERF:JFS				

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4021-7 Hoop		Manufactured	No			100	Each	5.0000	1	6		CC 13-11-12	
				<u>Location</u>			<u>Loc Qty</u>						
				WA004			5	B108059	→	(3x)			
					105882		5						
D4021-9 Bushing		Manufactured	No			100	Each	222.0000	4	24		CC 13-11-12	
				<u>Location</u>			<u>Loc Qty</u>						
				WA002			6	B108034	→	(12x)			
					102482		4						
					99143		2						
				WA004			216						
					100917		10						
					102664		3						
					106377		15						
					106513		67						
					107634		121						
D4034-1 Rib		Manufactured	No			100	Each	6.0000	1	6		CC 13-11-12	
				<u>Location</u>			<u>Loc Qty</u>						
				WA004			6	B106265	→	(3x)			
					104371		3						
					104626		3						
D4034-3 Rib		Manufactured	No			100	Each	4.0000	1	6		CC 13-11-12	
				<u>Location</u>			<u>Loc Qty</u>						
				WA			4	B105381	→	(3x)			
					104342		4						

NCR: Yes / No

WORK ORDER NON-COMPLIANCE / UPDATE

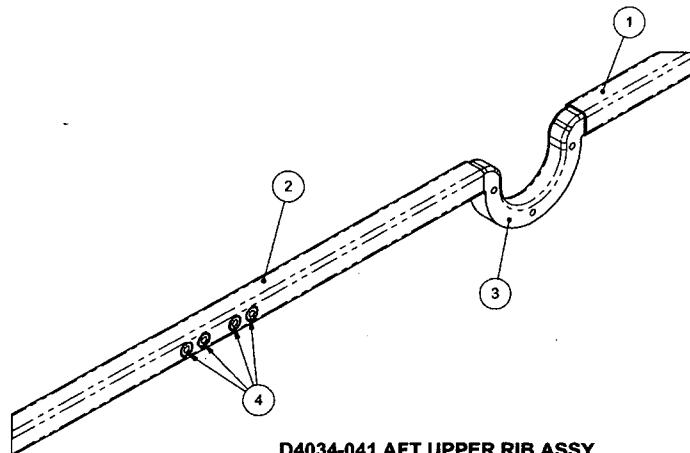
DQA: Date:

QA Closed: _____ Date: _____

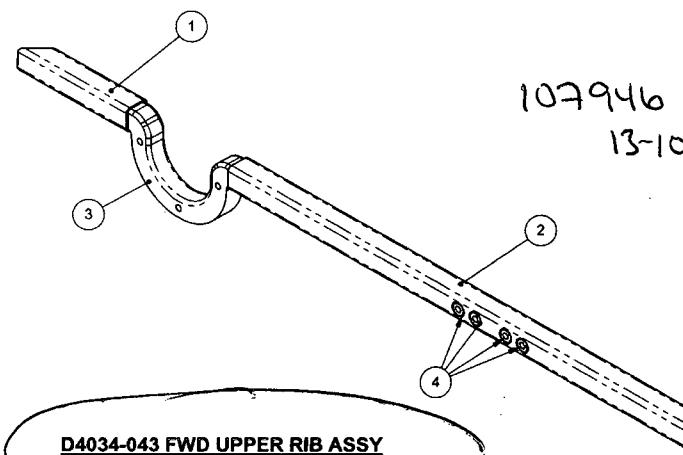
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
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Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

ITEM	QTY -041	QTY -043	P/N	DESCRIPTION
	X		D4034-041	AFT UPPER RIB ASSY
		X	D4034-043	FWD UPPER RIB ASSY
1	1	1	D4034-1	RIB
2	1	1	D4034-3	RIB
3	1	1	D4021-7	HOOP
4	4	4	D4021-9	BUSHING

C



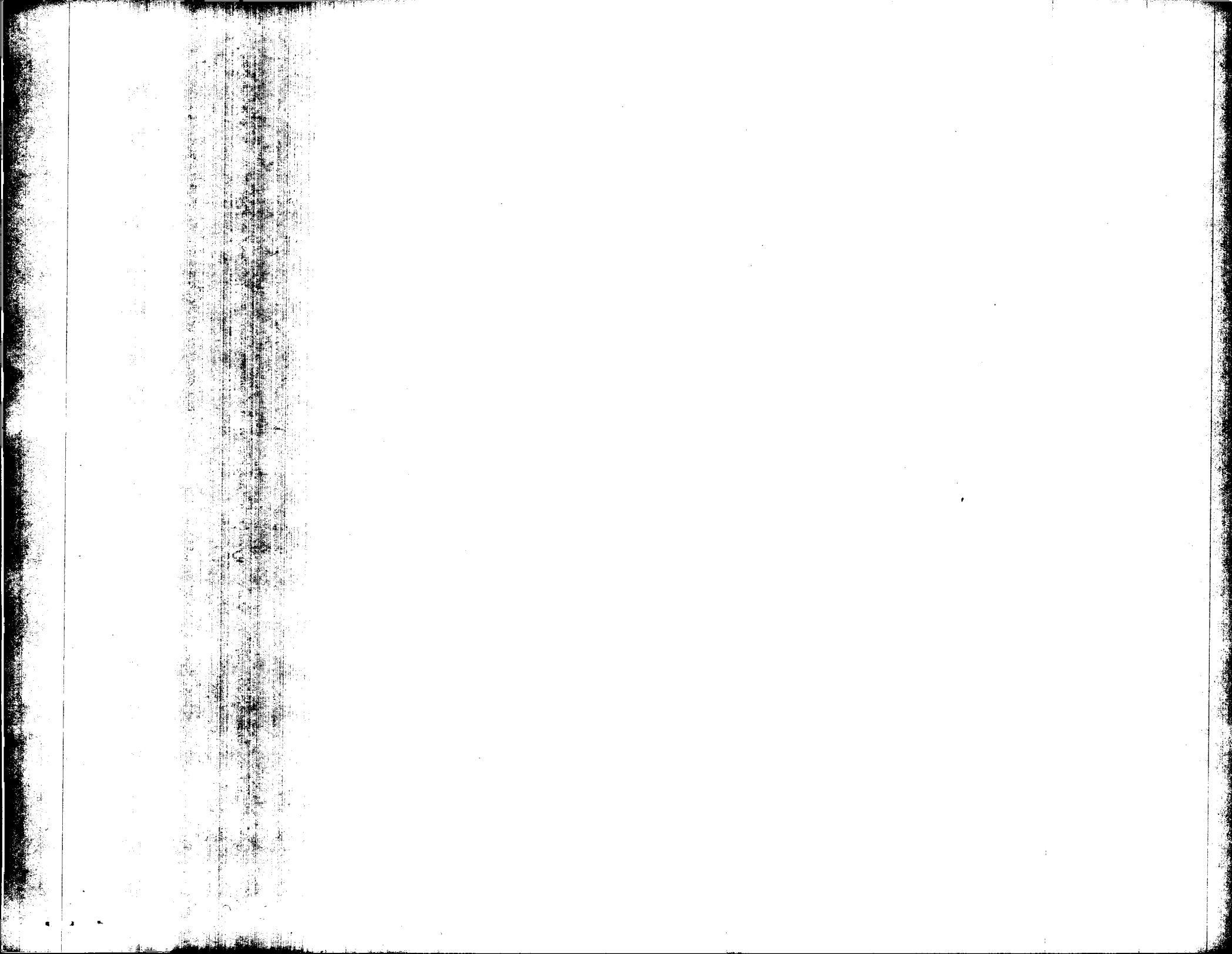
D4034-041 AFT UPPER RIB ASSY



D4034-043 FWD UPPER RIB ASSY

107946 MCJ
13-10-09RELEASED
2013-06-20
M

C	2043 REDESIGNED AS MIRROR IMAGE OF -041. 5 DELETED. D2327-3 DELETED. REASON PROP ARM NO LONGER OFFERED.	AJS	13.03.13
B	ADDITIONAL HOLES ADDED ON D4034-3 RIB	SC	10.12.20
A	NEW ISSUE	AJS	10.03.04
REV.	DESCRIPTION		
DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS	DRAWING NO.	REV. C
CHECKED	AP	D4034	SHEET 1 OF 3
MFG. APPR.	AS	TITLE	SCALE
APPROVED	AP	UPPER RIB ASSY, BASKET BASE	NTS
DE APPR.	-	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE PROPERTY OF DART AEROSPACE LTD. IT MAY NOT BE COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	
DATE	13.03.13		



107946

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6

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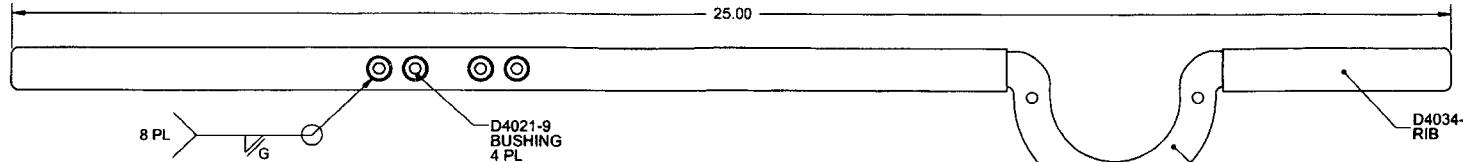
3

2

1

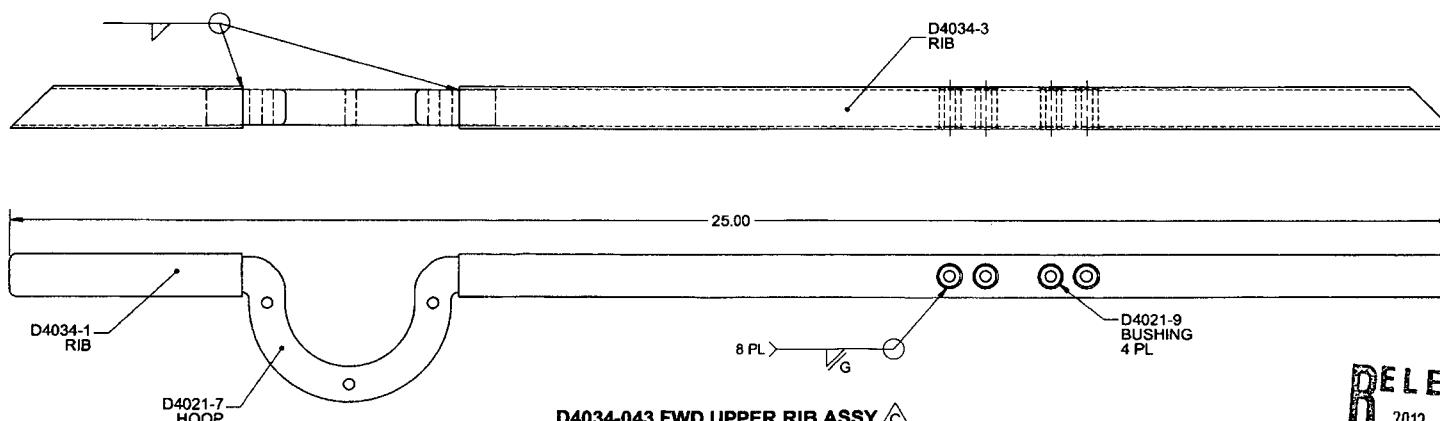
D

D

**D4034-041 AFT UPPER RIB ASSY**

B

B

**D4034-043 FWD UPPER RIB ASSY** ▲

A

A

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.61 lbs
- 8) WELD PER DART QSI 004

8

7

6

5

4

3

2

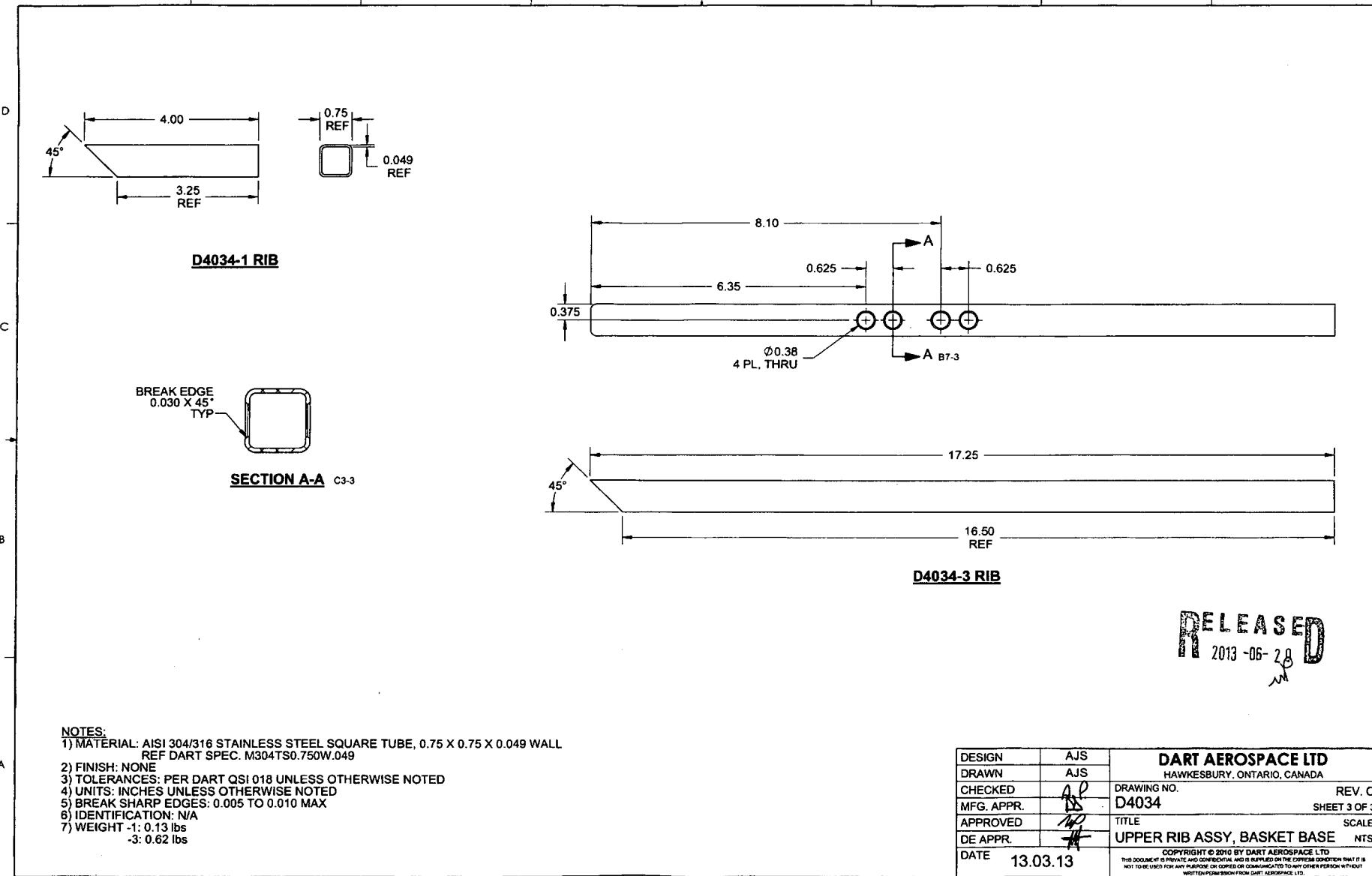
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DESIGN	AJS	DART AEROSPACE LTD
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA
CHECKED	A.P.	DRAWING NO.
MFG. APPR.	DA	REV. C
APPROVED	MP	D4034
DE APPR.	MP	SHEET 2 OF 3
DATE	13.03.13	TITLE SCALE NTS UPPER RIB ASSY, BASKET BASE

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RELEASED
2013-06-20
MP

107946



DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	AJS	
CHECKED	AP	DRAWING NO.
MFG. APPR.	AP	REV. C
APPROVED	AP	D4034
DE APPR.	#	SHEET 3 OF 3
DATE	13.03.13	TITLE SCALE NTS UPPER RIB ASSY, BASKET BASE

RELEASED
2013-06-28
M

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